1030532093

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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NAME OF TO COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	Maria Carrier Carrier
COMMITTEE TO ELECT MEL M MARIN				
ADDRESS (number and street) Check if different		• NEW	STATE AMENDED (A)	ZIP CODE STATE V DISTRICT
4. TYPE OF REPORT (Choose (a) Quarterly Reports: April 15 Quarterly Reports July 15 Quarterly Reports October 15 Quarterly January 31 Year-End F	ort (Q1) ort (Q2) Report (Q3) Report (YE) (c) 30-Day	POST-Election Report for th	General (12G) Special (12S)	Runoff (12R) in the State of Special (30S) in the State of
5. Covering Period				
Type or Print Name of Treasurer $M \in M$ M M M M M M M M M				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.				
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